

FILED JAN 5 1944

Registration District No. _____

Primary Registration District No. 1060

Registrar's No. 1413

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
M.O.M.E. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Beverly GEAR BLAIR

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 7 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 - 29 hr. _____ min.

9. Birthplace Long Beach Calif
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Lloyd Blair

13. Birthplace Rosendale Mo
(City, town, or county) (State or foreign country)

14. Maiden name Jessie May Elliott

15. Birthplace Podaway Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Blair

(b) Address Savannah Mo

17. (a) B. (b) Date thereof 12-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Mo

18. (a) Signature of funeral director E. C. Brest

(b) Address Savannah Mo

19. (a) 12-28-43 (b) Rose Heying
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1943 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from
Dec 16 1943 to Dec 26 1943
that I last saw her alive on Dec 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis, etc

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature H. P. Peterson

Address St Joseph Mo Date signed 12-29-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.